

Statement of Temporary Shutdown

I, _	, declare that:
1.	(Your Full Name) I am the authorized representative of the gasoline dispensing facility, whose name is
	located at
	and which has the AQMD Facility ID No.:
2.	The above referenced facility will be/has been shut down as of(date) and will not resume fuel dispensing operation until after the facility has been retrofitted with a Phase II Enhanced Vapor Recovery system equipped with, if required, ISD which is certified by the California Air Resources Board. By temporarily shutting down the operation, I am requesting that the penalty outlined under the settlement agreement be waived.
3.	I understand that South Coast Air Quality Management District Rule 461 requires the newly installed Phase II Enhanced Vapor Recovery system be tested as prescribed by the CARB issued Executive Order under which the system is certified to demonstrate the system has been properly installed within 10 days after the fuel dispensing operation is re-started.
4.	I understand that I am required to submit the Statement of Full Compliance to the South Coast Air Quality Management District after the above referenced facility has been upgraded and successfully tested to be fully compliant with Phase II Enhanced Vapor Recovery requirements.
	leclare under penalty of perjury under the laws of the State of California that the regoing is true and correct.
	Executed on, 2009 at, CA
	(date) (insert city)
Sig	gnature:
Na	me:
Wh	nen completed, submit this notification to:
Pre	eferred: e-mail address: evrstipulatedoa@aqmd.gov Facsimile No.: (909) 396 - 3791
Dis	iling Address: strict Prosecutors Office, EVR Phase II, South Coast Air Quality Management District, 21865 pley Dr, Diamond Bar, CA 91765-9819